

State of Illinois  
Department of Children and Family Services

**AFFIDAVIT OF RELATIONSHIP**

I, \_\_\_\_\_ affirm that I am related to the children  
(print names of relatives)

being placed in my home on \_\_\_\_\_ as described below.  
(Date)

- ☐ I am related to the children's mother.  
☐ I am related to the children's father.  
  
☐ The children's father and mother were married to each other when the children were born.  
☐ The children's father and mother were not married to each other when the children were born.

Circle the words which best describe your relationship to the children being placed in your home. Circle all that apply.

Grandfather  
Grandmother  
Great-grandfather  
Great-grandmother  
Step-father  
Step-mother

Uncle  
Aunt  
Great-uncle  
Great-aunt  
Nephew  
Niece

Adult Brother  
Adult Sister  
Adult Step-brother  
Adult Step-sister  
First cousin  
Second Cousin

- ☐ Spouse of one of the above.  
  
☐ Godfather of the child      ☐ Godmother of the child

Name(s) of Children Being Placed: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Relative

\_\_\_\_\_  
Signature of Relative

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date

*The worker may ask you to draw a family tree on the back of this affidavit which shows all marriages and births necessary to prove the relationships described above. Give complete names and approximate birth and marriage dates to the best of your ability.*